

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	11/21/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	BULK FLUID FLOW GATE
Attorney Docket Number::	005092.00078
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	30
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Strand  
Name Suffix::  
City of Residence:: Sherborn  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 16 Nason Hill Lane  
City of mailing address:: Sherborn  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dan  
Middle Name:: M.  
Family Name:: Leatzow  
Name Suffix::  
City of Residence:: Kalispell  
State or Province of Residence:: MT  
Country of Residence:: USA  
Street of mailing address:: P.O. Box 1442  
City of mailing address:: Kalispell

State or Province of mailing address:: MT  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 59903

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22910

### **Representative Information**

Representative Customer Number:: 22910

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/015934	05/19/04

PCT/US04/015934	Non-Provisional of	60/471,639	05/19/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Protasis Corporation  
 Street of mailing address:: 734 Forest Street  
 City of mailing address:: Marlborough  
 State or Province of mailing address:: MA  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 01752